



State of Montana  
Department of Justice  
Identity Theft Passport Application

Personal Information

Name	Last		First		Middle	
Prior Names or Aliases	Last		First		Middle	
Mailing Address	Street or PO Box		City		State	Zip
Previous Address	Street or PO Box		City		State	Zip
Home phone	( )		Date of Birth			
Work phone	( )		Place of Birth			
U.S. Citizen (please circle)	Yes	No	Gender (please circle)	Female	Male	
Social Security #	- -		Drivers License	State Number		

\*Disclosure is voluntary & for identification purposes only      \*\* Copy of Drivers License must be included

Crime Information

Date you discovered the theft \_\_\_\_\_

County & State where theft occurred \_\_\_\_\_

Law enforcement agency crime reported to \_\_\_\_\_

Case # \_\_\_\_\_

Has the person who stole your information been identified? (please circle)      Yes      No

If yes, please provide name of the suspect \_\_\_\_\_

Suspect's Name

Has the suspect been arrested? (please circle)      Yes      No      Unknown

Type of Theft (credit card, checks/ATM, SSN, etc...)	Account Numbers	Approximate Amount
		\$
		\$
		\$
		\$

Use additional paper if necessary

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**Please provide a brief description of Identity Theft Incident**  
Use additional paper if necessary

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**Applicant Certification**

I understand that if I knowingly provide false information, I may be subject to false swearing charges under Montana law (45-7-202, MCA).

By signing this application, I attest that:

- the information provided on this form is true and accurate, and
- I have filed a true and accurate police report of this incident.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Law Enforcement Certification**

\_\_\_\_\_  
Law Enforcement Officer (Print Name)

\_\_\_\_\_  
Law Enforcement Officer (Signature)

\_\_\_\_\_  
Law Enforcement Agency and Phone

**Please send or fax this form to:**

DOJ – ID Theft Passport  
PO Box 201410  
Helena, MT 59620

Fax: (406) 444-4303  
Phone: (406) 444-3728